

**INTERNAL AND EXTERNAL PEER REVIEWS  
SUPPLEMENTAL DEFINITIONS**

(1) Adequacy of peer review: This means documented responses by the Contractor to questions asked by the TMA shall: (i) be specifically related to the questions raised and supported by medical documents submitted, (ii) be substantiated by a rationale that draws from contemporary medical knowledge and practices in the United States and specific documents submitted for review; and (iii) reflect a thorough and detailed analysis of the subject to address common and reasonable professional contentions that would be counter to the responses which could be raised by a provider of care.

(2) Appropriateness of peer review: This means documented responses by the Contractor are reflective of the current consensus of professional thinking in the United States, are not parenthetical or contradictory to the questions, other responses, or information in the record; and are not either editorial of TRICARE or Department of Defense policy, or of current reimbursement practices or benefits by third party payers of health care.

(3) Days: With regard to completion of peer review tasks, this means calendar days, excluding Federal holidays or holidays given by the Contractor to all its employees (corporate holidays).

(4) Specialty:

(a) For non-physician peer reviewers, this refers to the category of TRICARE provider outlined in 32 CFR 199.6.

(b) For physician peer reviewers, this refers to the required American Board of Medical Specialties (ABMS) or Bureau of Osteopathic Specialists (BOS) physician specialty. When referring to TMA requesting and the Contractor providing a physician peer reviewer by specialty, the term includes any ABMS or BOS recognized subspecialty.

**TMA PEER REVIEWS**

a. TMA requires internal (real time question and answer) and external (question and answer) peer reviews to ascertain the medical necessity, quality of care, appropriateness of treatment, and appropriate level of care as defined by applicable provisions of the TRICARE regulation, which the Contractor shall provide.

b. The types of care that may be reviewed include, but are not limited to: medical, surgical, podiatry, pharmacy, nursing, physical therapy, occupational therapy, optometry, oral surgery, osteopathy, and home health care. With regard to physician peer review, TMA requires physician reviewers covering the full range of specialties and subspecialties recognized by the ABMS or BOS. While TMA will generally request physician peer reviewers by ABMS or BOS specialty or subspecialty alone in medical-surgical cases, TMA reserves the right to request a physician peer reviewer with experience with a particular procedure (when the procedure is within the scope of the particular specialty, but not commonly performed by members of that specialty). Where the care under review is an organ transplant, the Contractor shall provide peer review by a physician with experience in performing the type of transplant under review; TMA may also request review by a physician with experience in preoperatively evaluating candidates for that type of transplant as part of the peer review.

c. Also included in the types of peer reviews required are those cases or portions of cases involving treatment of mental disorders in outpatient or inpatient care settings by the types of institutional and individual

providers listed in 32 CFR 199.6. TMA may also infrequently require review in cases involving psychoanalysis.

d. All peer reviewers required by TMA under this contract shall be currently licensed and actively engaged in the practice of clinical medicine (i.e., the peer reviewer usually practices, on a routine basis, a minimum of 20 hours per week).

e. In cases that were appealed from second reconsideration decisions issued pursuant to Section C-7 of this Contract, peer reviews under this Task shall not be performed by anyone involved with that second reconsideration review.

f. The primary volume of cases is generated by beneficiary and provider appeals of contractor decisions to deny coverage.

#### **SUPERVISION AND MANAGEMENT OF CASE REVIEWS**

All tasks shall be implemented on the start date of the contract. The contractor shall be responsible for:

(1) Establishing and implementing the administrative procedures for conducting the peer review services.

(2) Supervising the peer reviewer(s).

a. The contractor shall utilize peer reviewers who meet TRICARE standards for authorized provider status in their respective discipline (as outlined in 32 CFR 199.6).

b. Upon specific request of TMA, the contractor will provide peer reviewers and/or witnesses of exemplary credentials and national reputation to conduct peer review of difficult, unusual, or noteworthy cases.

c. All documents required under this Task shall be provided on computer 1.44 megabyte, high density, 3.25" diskette; CD-RW; or by electronic transmission that will prevent unauthorized release of Privacy Act information. All documents shall be supplied in a format that can be read, copied, and printed with the most current version of Microsoft Word.

#### **INTERNAL PEER REVIEW - CASE CONFERENCE**

a. Cases for internal peer review shall be reviewed by a peer reviewer on-site at TMA, in a conference setting; by telephone or video teleconferencing (VTC) in order to obtain real-time responses to questions put to the peer reviewer. The medical specialty of the peer reviewer and the minimum number of cases to be reviewed per case conference session will be determined by TMA. A single internal peer review shall comprise a single appeal request for a single beneficiary and will involve requesting an opinion from one peer reviewer.

(1) Reviews.

Internal peer reviews shall be held within 14 days of the date the Contractor is informed of the need for an internal peer review. The Contractor shall provide a peer reviewer of the type of specialty requested.

(2) Staffing Requirement.

(a) The internal case peer reviewer shall include one physician with the requested board certification, or non-physicians of the requested category according to CFR 199.6. The reviewer shall be sufficiently competent to provide adequate review of assigned cases to ascertain medical necessity of

care, appropriateness of the treatment, the level of care required for treatment, quality of care provided, compliance with medical requirements under TRICARE policy, and accuracy of provider billings.

(b) TMA requires readily available medical experts to provide timely and expedient review, but because requests for internal peer reviews are expected to be infrequent, TMA cannot establish a regular schedule for internal peer reviews and cannot precisely predict the types of specialties required for frequency of internal peer reviews.

(3) Processing of Reviews.

(a) The internal case peer reviewer shall orally communicate answers to questions put by the TMA employee designated in charge of the case or his/her designee. The peer reviewer's oral response shall answer the questions presented, provide underlying rationale for that answer, and cite the specific clinical documentation and other appeal file records that were relied upon to formulate the answer. A general reference to the "clinical record" does not meet this requirement.

(b) The internal case peer review shall be recorded to reflect all questions posed by the TMA employee and responses of the peer reviewer.

(c) The Contractor shall transcribe its copy of the recording. The Contractor shall submit the transcription to the peer reviewer for approval and signature of the reviewer. The Contractor shall forward the signed transcription to TMA, to be received by TMA within seven (7) days of the date the Contractor created the recording, picked up the recording, or the date the recording was mailed to the Contractor, according to a process that involves a method of transmission, that will not result in the unauthorized release of Privacy Act information. The transcription will include the case beneficiary's name and sponsor's social security number, the name of the TMA employee in charge of the case, the date of the peer review, signature, and the typed name and professional degree of the peer reviewer (signature block). The transcription will distinguish between the questions stated by the TMA employee in charge of the case and the responses of the peer reviewer.

(d) The peer reviewer shall complete analysis of the case based upon the records in the case file provided to the peer reviewer before or at the time of the case conference. In cases where the records are provided to the peer reviewer in advance, the review may require citation of medical literature researched by the peer reviewer in preparation for the peer review session.

#### **EXTERNAL CASE PEER REVIEW**

a. The type of case submitted to the Contractor for external case peer review will be determined by TMA based on its complexity, volume of case documentation, and difficulty. These cases require peer review of the record and may require citation of medical literature researched by the peer reviewer in preparation for the peer review session. These cases do not require real-time conferences with TMA staff. A single external peer review shall comprise a single appeal request for a single beneficiary and will involve requesting an opinion from one peer reviewer.

b. External case peer reviews shall be designated by TMA as either urgent or routine. Most reviews will be routine.

c. Because time is of the essence in this Task, questions regarding particular cases reviewed under this Task shall be directed from the Contractor to the TMA employee designated responsible for the case. Where required, with the prior authorization of the Contracting Officer's

Representative (COR), the TMA employee in charge of the case may communicate directly by conference call with the peer reviewer and Contractor.

d. The Contractor shall provide the documentation and reporting of the external case peer review, submitted to TMA, which shall include:

- (1) Patient/beneficiary name;
- (2) Beneficiary's SSN;
- (3) Peer Reviewer(s) Specialty;
- (4) Peer Reviewer(s) Response to Questions (in chronological order);
  - (a) Question:
  - (b) Response:
  - (c) Rationale: (to be supported with specific citation of the clinical record and other documentation from the case file and medical literature, if applicable, that was relied upon in formulating the answer. General references to "the clinical record" do not meet this requirement.).
- (5) Peer Reviewer(s) signature(s);
- (6) Peer Reviewer(s) typed name and professional degree (signature block);

a. Peer reviewers shall be from the same discipline (in the case of a non-physician), or ABMS or BOS specialty or subspecialty (in the case of a physician), as the individual provider of care. Additionally, physician mental health peer reviewers shall be from the same diagnostic category specialization, and age specialization (child, adolescent, adult and geriatric), as the individual provider of care.

b. Because time is of the essence, the peer reviewer(s) shall complete, and the Contractor shall process, external review cases, as follows:

- (1) Urgent cases: Urgent cases shall be completed and a signed transcript delivered to TMA within ten (10) days following the date TMA requests that the Contractor review the case.
- (2) Routine cases: Routine cases shall be completed and a signed transcript delivered to TMA within twenty one (21) days following the date TMA requests that the Contractor review the case.

**WITNESS HEARING AND TRIAL ATTENDANCE, DISCOVERY, AND ATTENDANCE AT TMA (HEARING OFFICER) CONFERENCES**

a. As required, the Contractor shall provide peer reviewers to serve as witnesses in TMA administrative hearings, civil or criminal litigation, and/or related discovery for the purpose of providing peer review opinions either in the first instance or for explaining, clarifying, or elaborating upon previously expressed or written peer review opinions. TMA will determine the specialty that is required. The Contractor shall provide a peer reviewer in the specialty area requested by TMA. The witness may be a peer reviewer who previously conducted an internal or external case peer review of the case; TMA, in its discretion, may request a witness who did not previously review the case in place of or in addition to any internal or external case peer reviewer who previously reviewed the case. The cost to TMA shall be negotiated for each requirement. Performance of this Task shall be by issuance of separate Delivery Order(s). Requirements under this task are usually infrequent.

The need for this task is entirely driven by the quantity of the requests for hearings, requests for discovery by TRICARE beneficiaries and providers of

care, or TRICARE related litigation. The actual number of witnesses required under this task and the actual specialties required depends on requests for hearing and for discovery under 32 CFR 199.10, filed with TMA, or depends on litigation in Federal Courts.

b. 32 CFR 199.10(d) (10) (ii) provides for discovery in TRICARE hearings, which may include discovery with TRICARE peer reviewers. TMA does not pay for such discovery efforts by appealing parties. The COR shall inform the Contractor when a request for discovery involving the Contractor's peer reviewers has been received by TMA and shall provide the Contractor with a copy of the discovery order applicable to the Contractor. The Contractor shall have procedures for negotiating with the requester for discovery, including provisions for compensation by the requester. The Contractor shall not commence performance under discovery prior to the issuance of a written discovery order by the TRICARE Hearing Officer assigned to the Hearing in question.

c. When required, the Contractor will provide its Representative or peer reviewer(s) to serve as speakers at TMA Hearing Officer Conferences. TMA will determine what specialty is required; the Contractor shall provide peer reviewers in the specialty areas requested by TMA. TMA may request one or more peer reviewers to attend a Hearing Officer Conference. The Contractor's Representative or peer reviewer(s) are expected to be able to discuss the peer review process. Conferences are held infrequently, i.e., not more than once a year or not less than once every 5 years. The cost to TMA shall be negotiated for each requirement. A Delivery Order shall be issued in each case.

#### **MANAGEMENT AND ADMINISTRATION - ALL CASE REVIEW TASKS**

a. The Contractor shall train its peer reviewers and witnesses on the mission of TMA and TRICARE policy as outlined in 32 CFR 199 and the TRICARE/CHAMPUS Policy Manual.

b. The Contractor shall retain, as a minimum, one (1) copy of all peer reviews that can be delivered upon request in the most current version of Microsoft Word used at the time of TMA request. The Contractor shall also comply with the provisions of the TRICARE Operations Manual, Chapter 2.

c. For all peer reviews, the professional qualification statements shall be current as of the time of the peer review and shall be provided with each review. The professional qualification statements required under this contract shall include the following information:

(1) Full name, business address, business telephone number, and business fax number, if available.

(2) Undergraduate, graduate, and professional education, including degrees and years awarded; licensure including issuing state(s) and year(s) of issuance;

(3) specialty and subspecialty board certifications; professional work experience; current institutional provider of care affiliations, including but not limited to hospital privileges, membership, and, if applicable, Fellow status, in professional organizations; professional publications (texts and journals); professional presentations at conventions, conferences, and symposia; and any other information relevant to the peer reviewer's duties under this Contract.

(4) For peer reviewers of mental health cases, a statement of the levels of care at which the peer reviewer has experience in treating patients, i.e.,

acute inpatient hospital, residential treatment center, substance abuse disorder facility, partial hospitalization, and/or outpatient care.

The Contractor is advised that professional qualification statements are released to appealing parties in TRICARE hearings as part of the hearing record, to appealing parties upon request during or following formal reviews, and to requesters under the Freedom of Information Act. The Contractor shall advise its peer reviewers of this. The professional qualification statements therefore shall not include the peer reviewer's social security number, home address, home telephone number, or marital or family information.

f. For the reasons stated below, the TMA may direct the Contractor to utilize or not to utilize the services of a particular peer reviewer(s) in instances of:

- (1) Peer reviewer conflict of interest:
- (2) Peer reviewer lack of requisite qualifications to review cases in general or particular cases; or
- (3) Prior deficiencies in peer reviewer's peer review opinions as identified by TMA.

g. The Contractor shall have procedures for ensuring availability of non-physician peer reviewers of the provider types set forth in 32 CFR 199.6.

h. The Contractor shall designate a prime point of contact for requests for peer reviews or witnesses, with procedures for an alternate point of contact when the point of contact is absent from his or her duties. The Contractor shall keep the COR advised of its corporate holidays and prime and alternate points of contact.